

**ALABAMA SERVICE CONTRACT PROVIDER RENEWAL**  
**APPLICATION**

**ALABAMA DEPARTMENT OF INSURANCE**  
**201 Monroe Street, Suite 1700**  
**Post Office Box 303351**  
**Montgomery, Alabama 36130-3351**  
**Telephone (334) 269-3550      Fax (334) 240-3194**

Provider Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

President or CEO: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Toll Free Number: \_\_\_\_\_

Name/Address of Representative  
To Answer Consumer Complaints:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Address of Agent For Service of  
Process:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List each service contract subject to Title 8, Chapter 32, Code of Alabama, 1975,  
submitted for filing with this application. (Include a complete specimen copy of each  
contract.)

1. \_\_\_\_\_

2. \_\_\_\_\_

The information provided is true and correct.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal) \_\_\_\_\_ Notary Public